

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>ARIZONA</u>		State File No. <u>346</u>	
Township _____ or Village _____		City <u>Phoenix</u>		Registered No. <u>104</u>	
Length of residence in city or town where death occurred <u>21</u> yrs. _____ mos. _____ ds.		No. <u>Hermosa Drive</u>		Ward _____	
2. FULL NAME <u>Essie Dougherty</u>		How long in State when death occurred? <u>21</u> yrs. _____ mos. _____ ds.		72a	
(a) Residence: No. <u>Hermosa Drive</u>		St. _____ Ward _____		(If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>Luther Dougherty</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 1, 1886</u>					
7. AGE	Years <u>47</u>	Months <u>6</u>	Days <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Ireland</u>					
(state or country) <u>Indiana</u>					
13. NAME <u>Joseph Cassidy</u>					
14. BIRTHPLACE (city or town) <u>Indiana</u>					
(State or country) _____					
15. MAIDEN NAME <u>Hankin</u>					
16. BIRTHPLACE (city or town) <u>Indiana</u>					
(State or country) _____					
17. INFORMANT <u>Luther Dougherty</u>					
(Address) <u>Hermosa Drive</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Double Butte</u> Date <u>Jan. 25, 1934</u>					
19. UNDERTAKER <u>A. L. Moore & Sons</u>					
(Address) _____					
20. Filed <u>1-28-34</u> <u>Red Thorne</u>					
Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan 23, 1934</u>					
I HEREBY CERTIFY, That _____ deceased from _____					
I last saw him _____ alive on _____, 1934, death is said to have occurred on the site stated above, at _____ p. _____ m.					
The principal cause of death and related causes of importance were as follows: <u>High blood tension, coronary artery disease, atherosclerosis, myocardial infarction, uremia, none</u>					
Other contributory causes of importance: <u>Chronic tubercular hepatitis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Miss A. J. [Signature]</u> M. D.					
(Address) <u>15 E. [Address]</u>					